MAXIMUS Federal Services

| Case Number: | CM14-0003035 | | |
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| Date Assigned: | 01/29/2014 | Date of Injury: | 08/30/2013 |
| Decision Date: | 06/19/2014 | UR Denial Date: | 12/01/2013 |
| Priority: | Standard | Application Received: | 01/08/2014 |

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker reported an injury on 08/30/2013 secondary to a motor vehicle accident. The injured worker completed an initial course of 6 physical therapy sessions and started a home exercise program thereafter. He reported that his pattern of symptoms was "slowly improving." The injured worker was also treated with medications to include Norco, Naproxen, Ultracet, and Zanaflex and reported feeling "slightly better." It was noted that the injured worker reported that the he stopped taking Naproxen and Norco due to stomach upset. He was evaluated on 08/30/2013 and reported constant 9/10 low back pain extending up to the thoracic level with occasional radiation to the legs bilaterally. It was noted that he was not taking any medications at that time. On physical examination, he was noted to have a positive straight leg raise bilaterally with normal sensation, motor strength, and reflexes. He was diagnosed with lumbar discogenic disease, lumbar strain, and thoracic strain. A request for authorization was submitted on 12/16/2013 for an MRI of the lumbar spine without contrast. While awaiting authorization, an MRI of the lumbar spine without contrast was performed on 01/13/2014 and revealed a mild left lateral and foraminal disc protrusion at L5-S1, mild to moderate neural foraminal stenosis, mild stenosis of the central spinal canal and right neural foramen, and chronic T12 compression.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**MRI FOR LUMBAR SPINE WITHOUT DYE (CONTRAST):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** California MTUS/ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment. The injured worker was treated with physical therapy and medications and reported slow improvement and feeling better. At the time of the request, the injured worker reported 9/10 pain and had stopped taking pain medications due to undesired side effects. Therefore, the documentation submitted for review fails to indicate that the injured worker was unresponsive to conservative treatment or that he would not benefit from additional physical therapy and medication management. Furthermore, the guidelines state that when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. While the injured worker reported non-specific radicular pain and was noted to have a positive straight leg raise, other objective neurological findings were noted to be normal. Therefore, the guidelines suggest identification and documentation of further physiologic evidence of nerve dysfunction and specific nerve compromise prior to an imaging study. Therefore, the request for an MRI of the lumbar spine without dye (contrast) is not medically necessary and appropriate.